V. S. No. 1

item of infor-

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10011
1. PLACE OF DEATH	
County Leut " Chargeall	Registration Dist. No. 204
Village or City Cheslulaux	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	ds. How long in U.S.II ol loreign birth?yrs,mosds.
2. FULL NAME The Thay	How
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. STAGE MARKED, WIDOWED,	21. DATE OF DEATH
OR DEVORCED (write the word)	(Month) (Del) (Year)
5a. If married, widowed, on diversed	
(or) WIFE of Kev. Helson & Buston	22. I HEREBY CERTIFY, That I ettended deceased from
9/26/16	I last saw h alive on 19 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h alive on, 19; death is said to have occurred on the date stated above, at m.
(9) 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Murdered Henry
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occumation (month and	77/
SAW MILL, BANK, etc	
this occupation (month and syear) spant in this spant in this occupation	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Tracky wol Well and
13. NAME John Peter Swith	Centerson and hactures of Language
14. BIRTHPLACE (A) or town)	Name ol operation Date ol
(State or Country) 71. 4	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Metelda Harden	23. Il death was due to external causes (VIOLENCE) fill in also the lollowing:
15. MAIDEN NAME Melled Harlen 16. BIRTHPLACE (city or town) The Known	Accident, suicide, or homicide? Assessed Date of injury Sept 27, 19-34
∑ (State or country)	Where did injury occur? It wells aparlment
17. INFORMANT Mr. Kenneth S. Buxton	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Chesterlown, Inc.	aperlygist Rome
18. BURIAL CREMATION, OR REMOVAL Hope lace Lay Warrents Mary Date 9/30, 19.35	Manner ol injury 2014 10 14 10 14 10 10 10 10 10 10 10 10 10 10 10 10 10
DONNY TOL	Nature of Injury Trusferies of British
19. UNDERTAKER (Address)	24. Was disease or injury In any way related to occupation of deceased?
Quillan al corre	(Signed) tracel to facility Property M. D.
20. FILED THE A 1933 LU STATE Registrar.	(Address) Reduction M.D.
	2411 N. Charles Street, Baltimore, Requesting U. Ş. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	cample I		Example II	
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	UCL 5 1800	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	5-3-17	July 5,1927	Peritonitis	3 days ago
	BUREAU			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 yeor

)	em of infor-	should-state	- OCCUPA-	
	-WRITE PLARLY, WITH UNFADING INK-THIS IS A PERMANENT KECKD. Every item of infor-	maffon should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should-state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	ENT IN	CLY. P	d. Exac	
DILLIAM	ERMANE	EXACT	y classifie	te.
LOI	S IS A P	e stated	properly	certifica
יים איים	VK-THI	should be	it may be	n back of
TIN INTER	IDING IN	A. AGE	, so that	uctions o
DATE	II UNFA	y supplied	ain terms	See instr
STITLING TO A CHARGE TO LONG TO THE STATE OF	LY, WI	e carefull	ATH in pl	portant.
	E PLAR	d bluods	E OF DE	TION is very important. See instructions on back of certificate.
	-WRIT	mation	CAUSI	LION

V. S. No. 1 Bi

County Registration Dist. No. Village or City Registration Dist. No. St., (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred yrs mos. St. How long in U.S. if of foreign birth? yrs mos. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (rurite the word) Washing 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rurite the word) Washing 6. DATE OF BIRTH (month, day, end yeer) May - 24 1870 7. AGE Years Months PERSONAL STATISTICAL PARTICULARS 1 HEREBY CERTIFY. That I ettended deceeses the stated above, at mos. 1 HEREBY CERTIFY. That I ettended deceeses to here every mos. 1 HEREBY CERTIFY. That I ettended deceeses to here every mos. 1 HEREBY CERTIFY. That I ettended deceeses to here every mos. 1 HEREBY CERTIFY. That I ettended deceeses to here every mos. 1 HEREBY CERTIFY. That I ettended deceeses to here every mos. 1 HEREBY CERTIFY. That I ettended deceeses to here every mos. 1 HEREBY CERTIFY. That I ettended deceeses to here every mos. 1 HEREBY CERTIFY. That I ettended deceeses to here every mos. 1 HEREBY CERTIFY. That I ettended deceeses to here every mos. 1 HEREBY CERTIFY. That I ettended deceeses to here every mos. 2 HEREBY CERTIFY. That I ettended deceeses to here every mos. 2 HEREBY CERTIFY. That I ettended deceeses to here every mos. 2 HEREBY CERTIFY. That I ettended deceeses to here every mos. 3 HOW IN AME in AMARIE AND STATISTICAL PROPERTIES AND STATISTI	er)
Village or City	ds.
(If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred	ds.
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. 2. FULL NAME (a) Residence: No. here Jaluan MM, St., Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) For If U.S. Veteran specify WAR. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 2. I DATE OF DEATH 2. I HEREBY CERTIFY. That I ettended decessed in the property of the particular of the pa	er)
2. FULL NAME (a) Residence: No. (busiplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) For If U.S. Veteran specify WAR. MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Dey) 193 (No. 193 (N	er)
(a) Residence: No. New Jaluan MM, St., Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Fe. If married, widowed, or divorced HUSBANO of (or) WIFE of (o	er)
(Usus place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Fe. If married, widowed, or divorced HUSBANO of (or) WIFE of Corrections Corrections MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Mon/b) (Dey) 122. 1 HEREBY CERTIFY. That I ettended decesses 1 193 1 to Sephral 2 198 1 deeth	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 6. If married, widowed, or divorced HUSBANO of (or) WIFE of Corrections 1. DATE OF DEATH 2. Left 2. 193 22. I HEREBY CERTIFY. That I ettended decesses 23. DATE OF PIPTH (month day and year) 4. COLOR OR RACE OR DIVORCED (write the word) (Month) (Dey) 1. DATE OF PIPTH (month day and year) 4. COLOR OR RACE OR DIVORCED (write the word) (Month) (Dey) 1. DATE OF DEATH 2. Left 2.	
Male White OR DIVORCED (write the word) 5e. If married, widowed, or divorced HUSBANO of (or) WIFE of Carrie Cornelius 22. I HEREBY CERTIFY. That I ettended decessed in the second of	
5e. If married, widowed, or divorced HUSBANO of (or) WIFE of Ancie Cornelius 22. I HEREBY CERTIFY. That I ettended decesse 17, 1931, to, Sephin 2, 2, 19 6 DATE OF RIPTH (month day and year) MG1 - 2, 4, 1870 1 last sew h and elive on Sephin 2, 1981; deeth	
(or) WIFE of Carrie Cornelius Sept. 17, 1934, to Sept. 22, 19	3 C
S DATE OF BIPTH (month day and year) May 24, 1870 Hast sew h. Com elive on Selly 1981; deeth	
or Direction and Jean Jean Jean Jean Jean Jean Jean Jean	s seid
7. AGE Years Months Deys If LESS than to heve occurred on the dete stated above, at	
The PRINCIPAL CAUSE OF DEATH and releted causes of importance	
Trade profession or particular	onset 1129
SAWYER, BOOKKEEPER, etc. tarmer	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oete deceesed lest worked et this occupation (month and year) 11. Total time (yeers) spant in this occupation.	
12. BIRTHPLACE (city or town) Near Church Hill (Stete or country) Sereau and Co. Med	
13. NAME Frakerich Ur. Cornelius	
13. NAME Frederich W. Cornelius 14. BIRTHPLACE (city or town) New Mule Mills Name of operation Date of	
(State or country) Labort Co. Zeel, What test confirmed diagnosis? Was there an eulopsy:	
15. MAIDEN NAME Many & Starks 23. If death was due to external ceuses (VIOL ENCE) fill In also the following:	100
15. MAIDEN NAME Many Co. Afterho 16. BIRTHPLACE (city or town) (State or country) Mere did injury occur? 23. If death was due to external ceuses (VIOL ENCE) fill In also the following: Accident, suicide, or homicide? Where did injury occur?	
(Specify city or town, county and State) 17. INFORMANT Fred Wi Compliant Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) 6 and 2 and 3	
18. BURIAL, CREMATION, OR REMOVAL. Manner of injury	
Place Della pond Oate Replace	
19. UNDERTAKER 19. Was disease or injury in any way related to occupation of deceesed?	
(Address) plenned will If so, specify.	
20. FILEO September 23, 193 - September 20, 19	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927		3 days ago
BUREAU V. S.			
Other contributory causes of importance:	a Transition	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

S	TATE OF	MARYLAND-	CERTIFICATE OF DEATH	3013
1. PLACE OF DEA	TH	1 1	<u></u>	22/
County	Syen	T County.	Registration Dist. No.	02
Village or City	Chestrator	m, md.	NoSt.,	Ward
Length of residence in ci	ity or town where deat	FA	f death occurred in a horpital or institution, give its NAME instead of street and s	
2. FULL NAME	Yalan	Alaka Maria	If U.S. Veteran specify WAR	400000000000000000000000000000000000000
	(oun-	Lucy Licon	St., Ward.	
(a) Residence: No	Α	(Usual place of abode)	If nonresident give city or town as	d State
PERSONAL AN	D STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
S. SEX 4. COLO	R OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay)	, 193 6 (Year)
a. If married, widowed, or divo	orced			(100)
HUSBANO of (or) WIFE of Inc	liana Co	melia Dais	22. I HEREBY CERTIFY, That i attende	d deceased from
. DATE OF BIRTH (month, da	y, and year) ta	n 3 1858	I last saw h, and alive on any Dig , 193	death is seid
. AGE Years	Months	Oeys If LESS than	to have occurred on the date steted above, at 5:00 m.	
77	7	0 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:	Date of onset
8. Trade, profession, or p	articular	7-10.		Date of onset
kind of work done, SAWYER, BOOKKE		and Burnes	DEgan as Epithelional	about
kind of work done, SAWYER, BOOKKEE 9. Industry or business it work wes done, as: SAW MILL, BANK, 10. Date deceased last wo this occupation (mo	SILK MILL.		Cancer- Metastatic	1920
SAW MILL, BANK,		11. Total time (years)		
this occupation (mo		spant in this		
2. BIRTHPLACE (city or town)	0	he Yech (na) Common	Other Coutributory Causes of importance:	
(State or country)	Eest lour	to mangland		
13. NAME 14. BIRTHPLACE (city or to	n Warn	/ /		
14. BIRTHPLACE (city or to	own) Kunt	Congety	Name of operation	lex Phil
(State of Country)	m	ingland	What test confirmed diagnosis? Was there ar	autopsy? 30
15. MAIDEN NAME	lu Clark		23. if death was due to external causes (VIOLENCE) fill in also the followi	ng:
16. BIRTHPLACE (Lity or to	own) / Luni	County	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Mary	land	Where did injury occur? (Specify city or town, county and St	
7. INFORMANT Mas.	John Ch	Varia J.	Specify city or town, county and Si Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC F	LACE.
8. BURIAL, CREMATION, OR	REMOVAL	/	Menner of injury	
Place Chasta	Lim	Date 9/5 ,1935	Neture of Injury	
9. UNOERTAKER MA	ming by	Villiam,	24. Was disease or injury in any wey related to occupation of deceased?	21
(Address)	auf ulm	Mangand	if so, specify	
Sedies	12 3 V	N.l. INerlan	(Signed)	/ M. D

D

Registrar.

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Example I	1	Example II	Too IT
The principal cause of death and related causes of importance were as follows: Arteriosclerosis OCT 2 1900	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Cerebral hemorrhage	1921 July 5,1927	Run over by street car Peritonitis	1 week ago 3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

Village or City	LL NAME Ver	tie Diamo	nd	Registration St.: Was	(M Joseph annu
PERSO	NAL AND STATISTI	CAL PARTICULARS	MED	ICAL CERTIFICATE	OF DEATH
3 SEX Temale	4 COLOR OR RACE	5 SINGTE, MARRIED, MUDOWED. OR-DIVORCED (Write the word)	16 DATE OF DEAT	Depi	(Day) (Day)
6 DATE OF BIR	Muse (Month)	(Day), 187	that I last saw he	By CERTIFY, That I	Hi-
7 AGE		lfLESS th	rs. The CAUSE OF DI	curred on the date atal EATH * was as follows:	
particular kir	IC OL WOLL				
business, or	nature of industry establishment in yed or (employer)	from Md.	Contributory Secondary	(Duration)	yiemos
(b) General r buainess, or e which employ 9 BIRTHPLACE (State or co 10 NAME of FATHER 11 BIRTHPL OF FATE (State of	establishment in yed or (employer) Euuntry) Busso F. Perry LACE HER or country)	fras. Md. Rivyyold Md.	Secondary (Signed)	(Duration)	nelsughi
(b) General r buainess, or e which employ 9 BIRTHPLACE (State or co 10 NAME of FATHER 11 BIRTHP OF FATE (State or 12 MAIDER OF MOT 13 BIRTHP OF MOT	patture of industry establishment in yed or (employer) Evantry) Busso F. Perry LACE HER OF country) NAME HER PLACE	fras. Md. Ringyold Md. a Eve Md.	(Signed)	Disease Causing Deas state (1) Means of dal or Homicidal. RESIDENCE (For Homicidal Residents)	th, or, in deaths Injury and (2) Who
(b) General rebusiness, or which employ 9 BIRTHPLACE (State or color father) 10 NAME (FATHER) 11 BIRTHPL (State of color father) 2	LACE HER OF COUNTRY) IS TRUE TO THE BEST LACE HER OF COUNTRY) IS TRUE TO THE BEST LACE HER OF COUNTRY) IS TRUE TO THE BEST LACE HER LACE HER OF COUNTRY)	fras. Md. Ringyold Md. a Eve Md. of MY KNOWLEDGE Drumond to. Md. P.D.	(Signed)	Disease Causing Dear state (1) Means of dal or Homicidal. RESIDENCE (For Homicidal) line mosds.	th, or, in deaths Injury and (2) Wh

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whateyer, write Nonc. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screent, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know Civil engineer, Stationary freman, etc. But in many fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer Housemuid, etc. If the occupation has been change, to report specifically the occupations of persons household only (not paid Housekcepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealcases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., Foreman, For many occupations a single word or term on yrs). For persons who have no occupation (b) Cotton mill; (a) Salesmon. without more precise specification as (b) Automobile factory. The material (a) the kind of work and also (b) the (6) Grocery; Day

Statement of Cause of Death—Name, first, the DISERAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia,");

permanently filed.

data is essential and must be obtained before the certificate is

telanus) may be stated under the head of "contributory." dras probably such, if impossible to determine definitely "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Hemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," actident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL seplicaemia," "PUERFERAL perilonitis, "Uraemia, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on as fracture of skull, and consequences (e.g., sepsis, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death If this certificate is looked over thoroughly and all qu stions swered in detail, it will prevent further correspondence. All the bolic acid-probably swicide. The n-ture of the injury, "Atrophy," "Collapse, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as "" "Weakness," etc., when a definite disease cough; or intercurrent) Chronic Example: Measles (disease " "Coma," "Convulsions, affection need not be etc. The contributory valvular heart disease; Nomenclature of the Measles;

STATE OF MARYLAND-CERTIFICATE OF DEATH

PHYSICIANS should state Every item of infor-Exact statement of OCCUPA-INK-THIS IS A PERMANENT RY stated EXACTLY. MARGIN RESERVED FOR BINDING AGE should be WITH UNFADING

CAUSE OF DEATH in plain terms, so that it may be properly classified. certificate. TION is very important. See instructions on back of mation should be carefully supplied. -WRITE PL

1. PLACE OF DEATH	- Will
County Kesser	Registration Dist. No. 2
Village or City Mastelfs	No. St., Ward [f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Joseph L. Edus	as dal
11000	St. Ward.
(a) Residence No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write-tha word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of Carrier Educatedo	22. I HEREBY CERTIFY. That I attended daceased from
6. DATE OF BIRTH (month, day, and year) May 30, 1864	t last saw h alive on 1921; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, atm.
7/ 3 22, 1 day,hrs	THE RECEIVE CAUSE OF DEATH and related causes of importance
8 Trada profession or particular	were as follows: Date of School Inches
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc. To. Date dacaased last workad at this occupation (month and spent in this securation (month and spent in this securation).	
U. Date dacased last worked at this occupation (month and spant in this	
yaar) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Othan Course of Importance.
(State or country) Ment Co, Mil.	
13. NAME John V. Edwards	
13. NAME / Colorado	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME Wary E. Rollison	23. If daath was due to extarnal causes (VIOLENCE) fill In also the following:
[16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of injury, 19
(State or country)	Whera did injury occur? (Specify city or town, county and State)
(Address) Massey Mol	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Massy Genellagate 5-17-2-5,1936	Nature of injury
19 MONDERTAKER John Walfage	24. Was disaase or injury in any way related to occupation of daceasad?
(Address) Chailla Mad	If so, spacify
20, FILED \$1.23 190 5 Ne. Pri	(Signed)
Lefor Registrar.	(Addrass)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the dcceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I.	7	Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	OCT 5 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	RUFEAU V. S.	July 5, 1927	Peritonitis	3 days ago
		1		
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10016
1. PLACE OF DEATH	82-70
County 1911 July ne	Registration Dist. No. 201
Village or City blutch lown still fond	St., Ward
li p	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME FILL Ellen 4 A	-vd
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIFD, WIDOWED, OR DIVORCED Curice the word Warnel 5a. If merried, widowed, or divorced or	21. DATE OF DEATH (Month) (Year)
HUSBANO of Growted Georges ord	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 3 /869	I last saw has alive on, 19; death is said
7. AGE Years Months Days II LESS than	to have occurred on the data stated above, at _/_0_3km.4 M
au 106 2 25 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER,	Correste Turalizare:
SAWYER, BOOKKEEPER, etc	due to a paralytic stroke. The you
work was done, as SILK MILL,	- paralyzed in January, 1955
NOTE OF THE STANDARD OF THE ST	
Blanchield a	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Desire.
E	Name of operation Sarability hears ate of
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Lawa Dursey	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?
Stata or country) hay	Whera did injury occur?
17. INFORMANT A COLUMN ACTION OF THE STATE O	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa MA JUDIL Oate Ty 30, 1935	Nature of injury
19. UNOERTAKER 3 R. Follows. (Address) Aile Found m. R.	24. Was diseasa or injury in any way related to occupation of deceasad?
20. FILEO LYNSS, 1935 Molach	(Signed) Jos W. W. D. (Address) M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	rample I			Example II	ZZAGII PICS.
The principal cause of desof importance were as follows:	thrand related tows:	auses	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	oct 3	1900	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis			1921	Run over by street ear	1 week ago
Cerebral hemorrhage	BUREAU	V.,	July 3, 1927	Peritonitis	3 days ago
			- and so reported		
Other contributory causes	of importance:			Other contributory causes of importance:	
Gallstones			May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE C	OF MARYLAND—	CERTIFICATE OF DEATH	10017
1. PLACE OF DEATH			5 -)
County Kert.	·····	Registration Dist. No.	40
Village or City Mulls		NoSt.	Ward
Length of residence in city or town where	death occurred 6 vrs mos	f death occurred in a hospital or institution, give its NAME instead of street sds. How long in U.S. iI of foreign birth?yrs	and number)
2. FULL NAME Hm. M	. Hiaman		
		If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of abode)	Jf nonresident give city or town	and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	Н
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	102.5
	maned'	(Month) (Day)	(Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of Many.	Vignam.	22. I HEREBY CERTIFY, That I atte	nded deceased from
7	16 161 1	1951 to Och 28	1945
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	lor. 13. 1865		death is said
69. 11.	Days If LESS than I day,hrs.	to have occurred on the dete stated abova, at. 2:22:m. The PRINCIPAL CAUSE OF DEATH and releted causes of Importance	
8. Trada, profession, or particular	ormin.	were as follows:	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Farmer.	Mslanochimis	1927
9. Industry or business in which work was done, as SILK MILL,			
- I a compation (month ond	11. Total tima (years) spent in this	Chr. Introbled higherter	1747
year)	occupation	Othar Contributory Causes of Importance:	
12. BIRTIPLACE (city or town)	emilla.	•	
(State or country)	West	monuma	14/ 25-
13. NAME John M. 14. BIRTHPLACE (city or town) Bu	1 Al.		
14. BIRTHPLACE (city or town) (Stata or country)	agentille.	Name of operation Date	
	a Carell	What test confirmed diagnosis? Was there	
E	<i>cavay</i> ,	23. If death was due to externel ceuses (VIOL ENCE) fill in also the foll	
16. BIRTHPLACE (city or town) (Stata or country)	elava-	Accident, suicide, or homicide? Date of Injury Where did injury occur?	19
17. INFORMANT Marie .	Elegve.	(Specify city or town, county an Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLI	State) C PLACE.
	an. Pula off.		
18. BURIAL, CREMATION, OR REMOVAL	1. non Oct. 2 1035	Manner of injury	
00000	P01 110	Natura of Injury	
19. UNDERTAKER Shelling	an mol.	24. Was disease or injury in any way related to occupation of deceased	1. 100
20, FILED Seffe & 2 , 1935	in Prince	(Signed) Munity Porice	
	1965 Registrar.		in sus.
If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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	Example I			Example II	
The principal cause of dof importance were as fo	eath and related c	auses	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	OCT 5 1	935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrili	S		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory cause	es of importance:			Other contributory causes of importance:	
Gallstones		1	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.

STATE (OF MARYLA	ND-	CERTIFICATE OF DEATH	4:05.
	1 counts		Designation Diet No. 2	12
	7 -		negistration Dist. No.	
Village or CityChreling	4/20	(If	NoSt., death occurred in a hospital or institution, give its NAME instead of street	,
Length of rasidence in city or town where	deeth occurred yrs	mos	ds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NAME Also	n Shodne	1-h	uem If U.S. Veteran specify WAR	
(a) Residence: No.	(Usual place of abode)	Unde	St., Ward.	*************
PERSONAL AND STATIST		95	If nonresident give city or town MEDICAL CERTIFICATE OF DEAT	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WID		21. DATE OF DEATH	-
m. al.	OR DIVORCED (write th	e word)	Syst 2	, 193 35
5a. If married, widowed, or divorced			(Nonth) (Day)	(Yaar)
HUSBAND of (or) WIFE of			22. A HEREBY CERTIFY, That I attend	nded deceased from
6. DATE OF BIRTH (month, day, and year)	Feb. 26. 193	75	I last saw him aliva on Sept 2 , 195	35; death is said
7. AGE Years Months		SS than	to heve occurred on the date stated above, et 4:0.5 J.m.	
6	7 1 day,	hrs. _min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	Data of enset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.				Data of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc			£ 4 4:	
10. Date decaased last worked at this occupation (month and year)	II. Total time (years) spant in this occupation)	- Mady it Sales of	-1930
12. BIRTHPLACE (city or town) Ch	edution		Other Contributory Causes of Importance:	
13. NAME Chas. J.	Johnson.			
14. BIRTHPLACE (city or town)	Centruille		Name of operation Date	of
(State of country)	+ 11 1	1	What test confirmed diagnosis? Was there	en autopsy? Ac.
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	atu Pa	<u> </u>	23. If death was due to external causes (VIOLENCE) fill in elso the follo Accident, suicide, or homicide? Dete of injury Whare did injury occur?	-
17. INFORMANT THURSE	tuling Ing	7	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State); PLACE.
18. BURIAL, CREMATION OR REMOVAL	16		Manner of injury	************
Placa Mushusum	Date 114	, 19 35	Nature of injury	
19. UNDERTAKER Many (Address)	Walled Ing	,	24. Was disaase or injury in any wear related to occupation of dacaased: If so, specify 12. I mmons	, 0
20. FILED Stand 3 19.88 1	I S Her	egislvar.	(Signed) Chestutown	M. D.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis 007 2 1995	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	1111
Gallstones	May 1,1923	Gastroenteritis	1 year

OF

M

(Address)

20. FILED CRAS

OCCUPA-

pluods

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city of own where death long in U.S. If of foreign birth? 2. FULL NAME (a) Residence: No. (Usual place of spode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5a. If my MUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WH 1935 10 Lelan 10 6. DATE OF BIRTH (month, day, and year to have occurred on the date stated above, at_____3 7. AGE Years Months Days If LESS than 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence 0 or____min. Date of enset 8 Trade, profession, or particular OCCUPATION kind of work done, es SPINNER. SAWYER, BOOKKEEPER, etc. .. DOWN TOWN 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) this occupation (month end spent in this occupation Other Contributory Causes of importance: 12. BIRTHPLACE (city or town). (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation__ (State or country) What test confirmed diagnosis?____ ----- Wes there an autopsy?____ MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? 22. Dete of injury no 1931 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury _ 3 1936 Nature of injury... 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER

If so, specify

(Address)

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	Example II	
es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	The second of the second	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

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incipal cause of death and related causes ortance were as follows: of epilepsy r by street car tis	Date of onset 1 week ago 1 week ago 3 days ago
r by street car	1 week ago
	-
	1 year
	contributory causes of importance:

of OCCUPA-

1. PLACE OF DEATH	(31)	
County Kent	A Registration Dist. No. 202	
Village or City Colusterlacon.	No. Itashing low ares wa	ard
(I Length of residence in city or town where death occurrad	It death occurred in a horpital or institution, give its NAME instead of street and number)	110
	sds. How long in U.S. if of foreign birth?yrsmos	ds.
	· w	
(a) Residence: No. Of Control (Usual place of abode)	St., Ward.	
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	_
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	-
male white greatest word	Deplember 15 1935	-
5a. If married, widowed, or divorced	(Month) (Day) (Year)	
(or) WIFE of armin Buckmarles	22. I HEREBY CERTIFY That I attended deceased fr	om
6. DATE OF BIRTH (month, day, and year) Samuely 2841855	I last saw have alive on . Left 15 1936 death is si	aid
7. AGE Years Months Days If LESS than	to have occurred on the deta stated above, et 12.30 m.	
80 8 13 1 day,hrs.	were as follows.	
Jrada, profession, or particular kind of work done, as SPINNER, Returned SAWYER, BOOKKEEPER, etc.	Date of one	iot
SAWYER, BOOKKEEPER, etc.	Cherrie Papientes. 1931	
work was done, as SILK MILL, Treules SAW MILL, BANK, etc.		
10. Data deceased last worked at 11. Total time (years)		
yeer) spant in this 60 occupation	Other County of County	
12. BIRTHPLACE (city or town) Delleccese	Other Contributory Canses of Importanca:	
(State or country)	Chrone Produte 150	w
13. NAME Jane N. Orece.		
14. BIRTHPLACE (city or town) Bullining	Name of operation Data of	
1 (State of Country)	What tast confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME Mary Ju. Freed	23. If daath was due to axtarnel causas (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME Mary Gr. Green 16. BIRTHPLACE (city or town) 16. State Control of the control	Accident, suicide, or homicide? Date of injury, 19	
(State or country).	Where did injury occur? (Specify city or town, county and State)	4
17. INFORMANT M. Char. D. Muster (Address) Aleslelaws	Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, REMATION, OR REMOVAL Dala yel	Mannar of injury	
PAN Olivet Develo Data Sept 16, 19.35	Nature of injury	
19. UNDERTAKER Calph Heilton (Address)	24. Was disease or injury in any way related to occupation or deceased?	
Ash 1/ 2 2 2 2 2 2 2	if so, specify	
20. FILED JULY 10, 1931 IV VI STUCKES	(Signed) M. (Address) M. (Address) M.	D.
Registrar.	(Address)	

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

73	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
1		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Dete of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

-WRITE PL

V. S. No. 1 N. B. should state

SIAIL OF MARYLAND—	CERTIFICATE OF DEATH 10032
County Hent.	(67-0)
Da . 00	Registration Dist. No.
Village or City McClungton (If	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME molly Kedden	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Warried	21. DATE OF DEATH Sept. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Several Redden	22. HEREBY CERTIFY That i attended daceased from
man 15-1673	, 19.15., to , 19.15.
6. DATE OF BIRTH (month, day, and year) May 13, 1813	I last saw h alive on, 19-1; death is said
7. AGE Years Months Days if LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work dona, as SPINNER, Someofic.	Data of onset
Nind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (months and	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Devel (State or country)	Other Contributory Causes of importance:
13. NAME UNDROW	
14. BIRTHPLACE (city or town). W. Bern (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy? Was there and autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Howard Horlon (Address) 9208. 1884, Pale, Pa.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL MIDATA Sept 10, 1935	Manner of injury
19. UNDERTAKER John (1. John John John Med.	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILED Seff. 18. 1921 Mr. Orning Left Registrar.	(Signed)M. [

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	2 1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state OCCUPA.

plnods

of

19. UNDERTAKER

(Address)

OCCUPATION

FATHER

MOTHER

D. Every item of infor-

V. S. No. 1

certificate.

Jo

See instructions on back

TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10023
1. PLACE OF DEATH	100.50
County Kew.	Registration Dist. No. 200
Village or City Millington.	41.
(#	death occurred in a hospita for institution, give its NAME instead of street and number)
an' n n HO	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Clyabeth Thomas	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Frenche Colred. OR DIVORCED (write the word)	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY That f attended deceased from
Jame 3, 1812	I last sown ex alive on July 30 ,1935; death is said
6. DATE OF BIRTH (month, day, midear) 7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at 4:30 Pm.
3 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	were es follows: Date of onset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) 7 Cor (State or country)	Other Contributory Canses of importances:
13. NAME Lovenza Johnson	
f3. NAME Lovenza Johnson 14. BIRTHPLACE (city or town) (State or country)	Name of operetion
15. MAIDEN NAME Eliza Julian	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) York Cura	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Clava. B. Domen, (Address) mileny to md. R. 2	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

If more blanks are needed, addre & State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Neture of injury.

If so, specify (Signed)

(Address)

24. Was disease or injury in any way related to occupation of deceased:

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			11

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN